FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2015</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**
1. Automobile Liability	volume (illinois)	Change (· Or –)
Private Passenger		
Commercial		
· · · · · · · · · · · · · · · · ·		
2. Automobile Physical Damage		
Private Passenger		
Commercial	<u></u>	
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	<u></u>	<u></u>
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 230,454,290	-6.7%
16. Other W/C		
Line of Insurance		
Does filing only apply to certain territory (territories) or an adverse description of filing (if filing follows rates of an adverse of adverse of a dverse of a dve		
(Adopt 1/1/15 Advisory Rates)		

ACE AMÉRICAN INSURANCE COMPANY Name of Company

John Fogleboch – WC Compliance Analyst
Official — Title

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2015</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	` ,	
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	-	
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	1.11	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 288,039	-6.7%
16. Other WC		
Line of Insurance	-	
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga (Adopt 1/1/15 Advisory Rates)	nization, specify organizat	ion) <u>See Filing Memorandum;</u>

ACE FIRE UNDERWRITERS INSURANCE CO. Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

 ^{*} Adjusted to reflect all prior rate changes.
 * Change in Company's premium level which will result from application of new rates.

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2015</u>.

(1) Coverage 1. Automobile Liability	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	Volume (Illinois)*	Change (+ or)**
Automobile Liability		Change (+ or -)
_		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	-	
15. Workers Compensation	\$ 531,618	-6.7%
16. Other WC		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain c	lasses? If so, specify <u>No</u>	
	· · · · · · · · · · · · · · · · · · ·	_
Brief description of filing (if filing follows rates of an advisory org	ganization, specify organizat	tion) See Filing Memorandum;
(Adopt 1/1/15 Advisory Rates)		

ACE PROPERTY & CASUALTY INS. CO. Name of Company

<u>John Fogleboch – WC Compliance Analyst</u>
Official — Title

^{*} Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Burglary and Theft		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
40.0		
14. Crop Hail	755 470	-5.5
15. Other Workers Compensation Line of Insurance	755,178	-5.5
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	No .
Brief description of filing. (If filing follows rate Adopting Advisory Rates effective 01/01/2015	s of an advisory organization, specify org	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates.	
	A C I C I	
		nsurance Company lame of Company
	Nancy Pfaffle - Ir	nsurance Operations Manager
		Official – Title

inge in Company's premium or rate levi	el produced by rate revision effective	January 1, 2015
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery Fire		
Extended Coverage		
Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. Other <u>Workers' Compensation</u> Line of Insurance	\$2,098,184	-6.2%
nes filing only apply to certain territory b. ief description of filing. (If filing follows ite filing based on NCCI's approved	s rates of an advisory organization, s	
Adjusted to reflect all prior rate chan- Change in Company's premium leve result from application of new rates.		
		AIG Assurance Company
		Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
9219D		

Form (RF-3) <u>SUMMARY SHEET</u>

hange in Company's premium or rate lev	rel produced by rate revision effective	January 1, 2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	-	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$5,421,200	-6.2%
Line of Insurance		
No. Brief description of filing. (If filing follow Rate filing based on NCCI's approved * Adjusted to reflect all prior rate char ** Change in Company's premium lever result from application of new rates.	s rates of an advisory organization, s I advisory loss costs. nges. el which will	
		AIG Property Casualty Company
		Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
H29219D		

H29219D

Form (RF-3) <u>SUMMARY SHEET</u>

, , ,	vel produced by rate revision effective	January 1, 2015
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial Automobile Shypical Damage		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other <u>Workers' Compensation</u>	\$3,625	-6.2%
Line of Insurance	43,023	-U.M. /U
Does filing only apply to certain territory	y (territories) or certain classes? If so, s	specify:
Priof description of filing (If filing follow		
	vs rates of an advisory organization, spe d advisory loss costs.	ecify organization):
	d advisory loss costs. Inges. rel which will	ecify organization):
* Adjusted to reflect all prior rate cha ** Change in Company's premium lev	d advisory loss costs. Inges. rel which will	
* Adjusted to reflect all prior rate cha ** Change in Company's premium lev	d advisory loss costs. Inges. rel which will	AlU Insurance Company Name of Company
 * Adjusted to reflect all prior rate cha ** Change in Company's premium lev 	d advisory loss costs. Inges. rel which will	AIU Insurance Company Name of Company Walter Murphy
* Adjusted to reflect all prior rate cha ** Change in Company's premium lev	d advisory loss costs. Inges. rel which will	AIU Insurance Company Name of Company

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate	level produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		-
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	4,826,467	-5.1%
Line of Insurance		
Does filing only apply to certain territory Pertains to industrial class codes	(territories) or certain classes? If so, specify:	
	rates of an advisory organization, specify orga	nization):
Filing to adopt NCCI loss costs effective 1/1/2015		
*Adjusted to reflect all prior rate change: **Change in Company's premium level v	s. which will result from application of new rates.	
	American Alter	native Insurance Corporation
	Na	me of Company
	Michelle Fre	eitag, Consulting Actuary
		Official – Title

FORM RF-3

ige i	n Company's premium or rate level produced b	y rate revision effective:	1/1/2015
	(1)	(2)	(3)
	_	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
١.	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage	·	
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		Gr. s
,	Surety		-1-11-1
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	6,172,580	-5.7%
	Other:		
	ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ac		Not Applicable
	e are filing to adopt the 1/1/2015 NCCI IL volu		n effective date of 1/1/201;
	force Written Premium		
Ch	ange in Company's premium level which will a	result from application of new rates.	
			ompany of Reading, PA
		Name of	Company
		Robert Anderson, ACAS, A	actuarial Consulting Direct
			l - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Chan	ge in Company's premium or rate lev	vel produced by rate revision effective	1/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. A	Automobile Liability Private		
	Passenger Commercial		· <u> </u>
2. A	Automobile Physical Damage Private Passenger Commercial		
3. L	iability Other Than Auto		
4. E	Burglary and Theft		
5. G	Blass		
6. F	idelity		
7. S	Surety		
8. E	Boiler and Machinery		
9. F	Fire		
	Extended Coverage		
11. lr	nland Marine		
12. F	łomeowners		
	Commercial Multi-Peril		
	Crop Hail		
15. C	Other Workers Compensation	169,723	-6.8%
	Line of Insurance		
Pertain	s to industrial class codes	erritories) or certain classes? If so, specify: ates of an advisory organization, specify organ	nization):
	adopt NCCI loss costs effective 1/1/2015		· · · · · · · · · · · · · · · · · · ·
<u>~</u>	·		
	sted to reflect all prior rate changes. inge in Company's premium level wh	nich will result from application of new rates.	
		American Family	Home Insurance Company
			ne of Company
		Michelle Frei	itag, Consulting Actuary
		C	Official – Title

Change in Company's premium or rate le	evel produced by rate revision effect	tive January 1, 2015
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	00.555.700	
15. Other Workers' Compensation	\$3,555,799	-6.2%
Line of Insurance		
Does filing only apply to certain territor	ry (territories) or certain classes? If	so, specify:
Brief description of filing. (If filing folio		n, specify organization):
* Adjusted to reflect all prior rate ch		
** Change in Company's premium le result from application of new rate		
		American Home Assurance Company
	-	Name of Company
		Walter Murphy
	<u> </u>	Filings Analyst
		Official - Title
H29219D		

FORM (RF-3)

effective January 1, 2015 (1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	19,899,301	-5.7%
Line of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
specify: No		
Brief description of filing. (If f	iling follows rates of an a	dvisory
Organization, specify	ining rollows rates or an a	avisory
organization):	Adoption of 1/1/ 2015 NCCI	Advisory loss costs to be effective f
all new and renewal policies on and after the		yarrady loop oppose to be directive .
all flew and reflewal policies of and after the	to checave date of barrairy 1, 2010.	
*Adjusted to reflect all prior ra **Change in Company's prem		It from application of nev
	nium level which will resu	
**Change in Company's prem	nium level which will resul	Insurance Company
**Change in Company's prem	nium level which will resul	Insurance Company me of Company

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Ch	ange in Company's premium or rate leve	el produced by rate revision effective	1/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
•	Passenger Commercial		
2.	Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·	
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	-	
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	696,163	-6.9%
	Line of Insurance		
	es filing only apply to certain territory (ter ains to industrial class codes	ritories) or certain classes? If so, specify:	
	ef description of filing. (If filing follows rat g to adopt NCCI loss costs effective 1/1/2015	les of an advisory organization, specify organ	nization):
	justed to reflect all prior rate changes. hange in Company's premium level whic	ch will result from application of new rates.	
		American Modern	n Home Insurance Company
			ne of Company
		Michelle Frei	itag, Consulting Actuary
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate leve	I produced by rate revision effective	May 1, 2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		<u> </u>
5 Gloss		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		·
12. Homeowners		
13. Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14. Crop Hail		
15. Other Workers Compensation	7,228,974	-4.4%
Line of Insurance	1,220,01	
Does filing only apply to certain territory (ter		
Brief description of filing. (If filing follows rubusiness effective May 1, 2015, we are ad	ates of an advisory organization, specify lopting the NCC <u>I rates announced in Cir</u>	organization): <u>For new and renewal</u> cular IL-2014-03 and approved in IL-
2014-06, with no revision to our current dev		
The information provided is exact.		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	th will result from application of new rates	
	Amerisu	re Insurance Company
		Name of Company
	Tracy Upcott	- Senior Compliance Analyst
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	May 1, 2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		· · · · · · · · · · · · · · · · · · ·
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	8,549,619	-0.4%
15. Other Workers Compensation Line of Insurance	8,549,619	-0.4%
and of modified		
Does filing only apply to certain territory ((territories) or certain classes? If so, specify:	no
	s rates of an advisory organization, specify	
	adopting the NCCI rates announced in Circ	
	om 1.500 to 1.600. Our company Miscellan reflect the revised deviation, will replace page	
Ed. 05/15, which has been amended to r	effect the revised deviation, will replace page	FIL-WC-MV-AIMIC Ed. 05/14.
The information provided is exact.		
*Adjusted to reflect all prior rate changes	5.	
**Change in Company's premium level w	hich will result from application of new rates.	
		utual Insurance Company
	N	lame of Company
	Teamillean	Sonior Compliance Analysis
	Tracy Opcott -	Senior Compliance Analyst Official - Title
		Omoral - True

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	el produced by rate revision effective	May 1, 2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	0.62	· · · · · · · · · · · · · · · · · · ·
9. Fire	·= ·= ·	
10. Extended Coverage	-	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		· · · · · · · · · · · · · · · · · · ·
15. Other Workers Compensation	430,875	-2.1%
Line of Insurance		
Does filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	no
Brief description of filing. (If filing follows business effective May 1, 2015, we are a	rates of an advisory organization, specify dopting the NCCI rates announced in Circ	organization): For new and renewal ular IL-2014-03 and approved in IL-
2014-06, with no revision to our deviation of	of 1.000.	
The information provided is exact.		
.		
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level wh	ch will result from application of new rates.	
	Americure Par	rtners Insurance Company
		ame of Company
	Tracy Upcott -	Senior Compliance Analyst Official – Title
		Omorai = Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's	premium or	rate le	vel produced	by rate	e revision
effective January 1, 2015				·	

	(1)	(2)	(3)
-	(1)	Annual Premium	Percent
-	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	Volume (minors)	Charge (101-)
	Passenger		
	Commercial	this indicates the second seco	
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	". "	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,530,330	-2.01%
	Life of Insurance		
*	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,	,	
	specify: No		
	_		
	Brief description of filing. (If fil	ing follows rates of an ac	dvisory
	Organization, specify		
	organization):		adopt NCCI Voluntary Rates (Circular
	IL-2014-06), which reflects an overall dec		newal policies. We are also amending
	AmGUARD Insurance Company's deviation		
	*Adjusted to reflect all prior rat	•	, e
	**Change in Company's premi	um level which will resul	t from application of new
	rates.	A-CLIADD Inc. (co.)	ana Campany
		AmGUARD Insurar	
			ne of Company ate Filings Representative II
		IVIRGIT IVIALLITEWS - St	are i minde izebiesentativa ii

Official - Title

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Private	•	
Passenger		
Commercial		
Automobile Physical Dama	9	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	9,275,065	-6.2%
Life of Insurance		
Does filing only apply to ce	rtain territory (territories) or	certain
Classes? If so,	,	
specify: N/A		
	If filing follows rates of an ac	dvisory
Organization, specify		
organization):	Adoption of NCCI rate refe	renced in IL-2014-06 on 2/1/201
*Adjusted to reflect all prior		
**Change in Company's prorates.	emium level which will result	t from application of ne
iales.	Amtrust Incurance	Company of Kansas
		ne of Company
	INdl. Submitted by: James	

Official - Title

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent			
Coverage	Volume (Illinois) *	Change (+or-) **			
Automobile Liability Private					
Passenger					
Commercial					
Automobile Physical Damag					
Private Passenger					
Commercial					
Liability Other Than Auto		· ·			
Burglary and Theft					
Glass					
Fidelity					
Surety					
Boiler and Machinery	-				
Fire					
Extended Coverage					
Inland Marine					
Homeowners					
Commercial Multi-Peril					
Crop Hail					
Other Workers' Compensation	1,988,703	-5.5%			
Line of Insurance					
Does filing only apply to certain territory (territories) or certain					
Classes? If so,	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
specify: No					
Brief description of filing. (If filing follows rates of an advisory					
Organization, specify					
organization):	Adoption of NCCI Volur	ntary Advisory Rates			
	<u> </u>				

Badger Mutual Insurance Company
Name of Company
Terry Falls - Workers' Compensation Coordinator
Official — Title

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 03/1/2015.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	E 00 244	
15. Workers Compensation	\$ 99,244	6.7%
16. Other WC		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga (Adopt 1/1/15 Advisory Rates)	inization, specify organizat	ion) See Filing Memorandum;

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.

BANKERS STANDARD INSURANCE CO. Name of Company

John Fogleboch - WC Compliance Analyst

Official — Title

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	Change (+or-) **
Automobile Liability Privat	e	
Passenger		
Commercial		
Automobile Physical Dam	ag	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		**************************************
Crop Hail		
Other Workers Compensation	\$672,267	-7.0%
Line of Insurance		
Does filing only apply to o Classes? If so,	ertain territory (territories) or	certain
specify: No	- Applies to all classes	
Brief description of filing.	(If filing follows rates of an a	dvisory
Organization, specify		•
organization):	Delay adoption of NCCI Lo	oss Costs
	***************************************	·
	or rate changes. oremium level which will resul	It from application of ne
rates.	Berkley National In	surance Company
	Nar	me of Company
	Marcella Wilks - Re	gulatory Analyst
		Official – Title

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision
effective 02/01/2015

-	(1)	(2) Annual Premium	(3) Percent
1,	Coverage - Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١,	Passenger		
	Commercial		
2	Automobile Physical Damag		
-	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
, . B.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$672,267	-7.0%
	Line of Insurance		
•			
	Does filing only apply to certain	in territory (territories) or	certain
	Classes? If so,		
	specify: No - App	lies to all classes.	
	Brief description of filing. (If fi	ling follows rates of an ac	dvisory
	Organization, specify	Delay adeption of NCCLL o	oce Coeta
	organization):	Delay adoption of NCCI Lo	oss Cosis
	*Adjusted to reflect all prior ra	te changes	
	**Change in Company's prem		t from application of new
	rates.		
	, 5.00.	Berkley Regional Ir	nsurance Company
			ne of Company
		Marcella Wilks - Reg	
		(Official – Title

FORM (RF-3)

Change in Company's premium or rai	te level produced by rate revision
effective 01/01/2015	•

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minoro)	Ondrige (10)
•	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	18604110	-5.5%
	Life of Insurance		
•	Deep filing only apply to parte	in torritory (torritorion) or	nortain
	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify: No		
	specify.		
	Brief description of filing. (If fill Organization, specify organization):	· ·	ivisory ate Insurance Company is adopting
	the loss costs and miscellaneous values	promulgated by NCCI and approve	ed by the Illinois Department of
	Insurance for policies incepting after 01	/01/2015.	
	*Adjusted to reflect all prior ra **Change in Company's prem		t from application of new
	rates.	Rorkshire Hathaway	Homestate Insurance Company
			ne of Company
		Keith Engelbrecht, A	
			Official – Title
		· · · · · · · · · · · · · · · · · · ·	

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	Change (+or-) **
F	Automobile Liability Private		
	Passenger		
	Commercial		
F	Automobile Physical Damag		_
F	Private Passenger		
	Commercial		
L	iability Other Than Auto		
E	Burglary and Theft		
(Blass		
F	idelity		
S	Surety		
Е	Boiler and Machinery		
F	ire		
E	xtended Coverage		
lt	nland Marine		
H	łomeowners		
C	Commercial Multi-Peril		
C	Crop Hail		
C)ther Workers Compensation	2,641,194	-7.3%
	Life of Insurance		
	Does filing only apply to certa Classes? If so,	ain territory (territories) or o	certain
5	specify: No No		
(Brief description of filing. (If the Drganization, specify brganization):	-	lvisory approved in approval circular IL-2014
_			
-	Adjusted to reflect all prior ra	ate changes.	
4	"Change in Company's prentates.		from application of new
•		Brotherhood Mutua	I Insurance Company
•			I Insurance Company ne of Company

Official - Title

FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or)**
1. Automobile Liability		
Private Passenger		··
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft 5. Glass		
5. Glass 6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
0. Extended Coverage	-	
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Workers Compensation	\$0	0% change in premium level, -5.5% overall rate change
6. Other		change
Line of Insurance		
s filing only apply to certain territory (territories	s) or certain classes? If so, specify <u>N</u>	<u>o</u>
ef description of filing (if filing follows rates of ar	n advisory organization, specify organiza	ation)
opting January 1, 2015 NCCI Voluntary ra	tes and rating values with an effective	ve date of January 1
viation.		
Mation.		
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w	ill result from application of new rates.	
	O. III.	
	Californi	a Insurance Company Name of Compar
	Joan Klo	ucarich, Actuary
	Off	icial — Title

FORM (RF-3)

Change in Company's	premium or rate	level produced	by rate revision
effective 01/01/2015			

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
В.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	775,288	-5.5
	Life of Insurance		
•	•		
	Does filing only apply to certai	n territory (territories) or c	ertain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If fil	ling follows rates of an ad	visory
	Organization, specify		
	organization):	Adopting NCCI Circular IL-2	2014-03
	Illinois - Voluntary Market-Approval of Ad	visory Rates, Loss Costs, and Ratio	ng Values Effective January 1, 2015
	*Adjusted to reflect all prior rat	te changes.	
	**Change in Company's premi	ium level which will result	from application of new
	rates.		
		Capitol Indemnity Co	
			ne of Company
		Jennifer Arndt - Seni	
		0	fficial – Title

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	•	
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
-ire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$27,558,601	-6.2%
Life of Insurance		
Does filing only apply to cert Classes? If so, specify: No	ain territory (territories) or	certain
Duisé des seinties séélies (16	Eller fellows retar of an ar-	duia a m
Brief description of filing. (If	ming rollows rates of an ac	avisory
Organization, specify	Adoption of NCCI approved	loce coste reference circular II (
organization):	Adoption of Neor approved	loss costs reference circular IL-

Carolina Casualty Insurance Company Name of Company Neila Wagner - Product Management Team Lead

Official - Title

rates.

	Change in Company's premium or rate	level produced by rate revision effective	3/1/15
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
١.	Burglary and Theft		
5.	Glass		
) .	Fidelity		
7 .	Surety		
3.	Boiler and Machinery		
).	Fire		·
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	<u> </u>	
4.	Crop Hail		
5.	Other Workers Compensation Line of Insurance	\$1,758,687	-4.8%
)oe	s filing only apply to certain territory (terri	itories) or certain classes? If so, specify:	No
		es of an advisory organization, specify organ	
	Adopting NCCI loss costs approved in I		
r rnt	Adjust to reflect all prior rate changes.	history and the second	
*	Change in Company's premium level wi	hich will result from application of new rates	i.

COLUMBIA NATIONAL INS. CO.

Name of Company

Dennis McVay, CPCU Director, Research & Development Official - Title

Form (RF-3) <u>SUMMARY SHEET</u>

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	 	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$28,342,869	-6.2%
Line of Insurance		
Does filing only apply to certain territor No.	ry (territories) or certain classes? If so,	specify:
Brief description of filing. (If filing folio Rate filing based on NCCI's approve	ws rates of an advisory organization, speed advisory loss costs.	pecify organization):
* Adjusted to reflect all miles are to	2000	
* Adjusted to reflect all prior rate cha** Change in Company's premium le		
result from application of new rate		
result from application of flew rate	5.	
	Comm	erce and Industry Insurance Compar
	- <u></u>	Name of Company
		Walter Murphy
		Filings Analyst
		Official - Title
H29219D		

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 01/01/2015	

- 1.	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7	Fidelity		
7.	Surety		
8. 9.	Boiler and Machinery		
9. 10.	Fire		
10. 11.	Extended Coverage Inland Marine		
11. 12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	266,011	22.00/
	Life of Insurance	200,011	-22.8%
•	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an ad	dvisory
	Organization, specify organization):	This files adopts NOO!	Po 1/1/2015 loop ===+ === +
	changes our LCM to 1.42 effective		's 1/1/2015 loss cost and
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new

Companion Commercial Ins. Co.

Name of Company

Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2015

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3 .	Fidelity		
7.	Surety		
3.	Boiler and Machinery	**************************************	N/A
9.	Fire		10/2
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	8,554,556	-21.3%
	Life of Insurance		2 (10 /0
*	Does filing only apply to certa Classes? If so, specify: NO	in territory (territories) or	certain
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	This films and the MOO	Un 4/4/0045 L
	organization): changes our LCM to 1.611 effective	· · · · · · · · · · · · · · · · · · ·	l's 1/1/2015 loss costs and
	*Adjusted to reflect all prior ra **Change in Company's premates.		It from application of new

Companion Property and Casualty Ins. Co. Name of Company

PCLE (0) - 4P+COO 9/11/19

Official - Title

FORM RF-3

Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation 10,064,155 0,3%	inge ii	n Company's premium or rate level produced by	rate revision effective:	1/1/2015
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: Filing only apply to certain territory (territories) or certain classes? If so, specify Indicate of Inland Marine Inforce Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions of the second of the		(1)		
Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Commercial Liability Other than Auto Burglary and Theft Corage Boiler and Machinery Fire Commercial Multi-Peril Compercial Multi-Peril Compensation Display to certain territory (territories) or certain classes? If so, specify. Not Applicable Meare filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Name of Company Pame of Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Company Robert Anderson, ACAS, Actuarial		Coverage	Volume (Illinois) *	Change (+ or -) *
Commercial Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation 10.064.155 0.3% description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directives Robert Anderson, ACAS, Actuarial Consulting Directive Directive Comments Continental Casualty Company Name of Company	1.	Automobile Liability		
Automobile Physical Damage Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive		Private Passenger		
Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Workers Compensation Other: Mot Applicabl Meserription of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Direction of Directive Directions of Directions of Directions of Name of Company Name of Company		Commercial		
Private Passenger Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Workers Compensation Other: Mot Applicabl Meserription of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Direction of Directive Directions of Directions of Directions of Name of Company Name of Company	2.	Automobile Physical Damage		
Commercial Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl Mescription of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Company Robert Anderson, ACAS, Actuarial Consulting Company Robert				
Liability Other than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl Meserriting to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Directive Direction of Directions of Consulting Directions of Consult				
Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify Mot Applicabl description of filing (if filing follows rates of an advisory organization), We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Dires	3.			
Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Dires	1.			
Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Directive Constraints of Company Robert Anderson, ACAS, Actuarial Consulting Directive Constraints of Company	5.			
Surety Boiler and Machinery Fire DExtended Coverage Inland Marine Commercial Multi-Peril Corp Hail Workers Compensation Other: Inling only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable Mescription of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Direction of Direction of Company Robert Anderson, ACAS, Actuarial Consulting Direction of Direction of Company Robert Anderson, ACAS, Actuarial Consulting Direction of Company	6.	-		
Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: Touring to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Continental Casualty Company	7.			
Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directive Consulting Directive Company Robert Anderson, ACAS, Actuarial Consulting Directive Company Robert Anderson Company Robert Anderson Company Robert	8.	-		
Extended Coverage Inland Marine	9.	-		
Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation 10.064.155 0.3% Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicabl description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions Robert Anderson accuracy and accuracy				
Homeowners Commercial Multi-Peril Crop Hail Workers Compensation 10.064,155 0.3% Other: Solution Solution				
Crop Hail Workers Compensation Other: filling only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions Robert Anderson, ACAS, Actuarial Consulting Direction of the second content of the				-
Crop Hail Workers Compensation 10,064,155 0.3%				
Morkers Compensation Other: filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCl IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Direction of Direction o				
filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions of the company of the co			10 064 155	0.3%
filing only apply to certain territory (territories) or certain classes? If so, specify. Not Applicable description of filing (if filing follows rates of an advisory organization, specify organization). We are filing to adopt the 1/1/2015 NCCI IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions of the company of the c		_		
We are filing to adopt the 1/1/2015 NCCl IL voluntary loss costs and revise our LCMs, with an effective date of 1/1/20 In-force Written Premium Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Directions of the continent	filir	ng only apply to certain territory (territories) or	certain classes? If so, specify.	Not Applicable
Change in Company's premium level which will result from application of new rates. Continental Casualty Company Name of Company Robert Anderson, ACAS, Actuarial Consulting Direct	f des	cription of filing (if filing follows rates of an ad	visory organization, specify organization).	
Name of Company Robert Anderson, ACAS, Actuarial Consulting Direct			esult from application of new rates.	
Name of Company Robert Anderson, ACAS, Actuarial Consulting Direct			Continental Ca	sualty Company
			.	

FORM RF-3

nge i	n Company's premium or rate level produced by	y rate revision effective:	1/1/2015
	(1)	(2)	(3)
	()	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -) *
1.	Automobile Liability		
1.	Private Passenger		
	Commercial		
•	Automobile Physical Damage		
	Private Passenger		
	Commercial		
•	Liability Other than Auto		
•	Burglary and Theft		
	Glass		
	Fidelity	<u></u>	
	Surety		
	Boiler and Machinery		
	Fire		
•	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	1,466,463	-5.7%
٠.	Other:		
filir	ng only apply to certain territory (territories) or	certain classes? If so, specify.	Not Applicable
	cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL voluments		n effective date of 1/1/201
	force Written Premium ange in Company's premium level which will re	esult from application of new rates.	
		The Continental I	nsurance Company
			Company
		Robert Anderson, ACAS, A	Actuarial Consulting Direct
			al - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

Change in Company's premium	r rate level pro	duced by rate revi	sion
effective January 1, 2015	*		

	(1)	(2) Annual Premium	(3) Percent
-	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	119111111111111111111111111111111111111	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	**************************************	
11.	Inland Marine		All and the second seco
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$2,550,832	-2.05%
	Life of Insurance		
•			
	Does filing only apply to certain	n territory (territories) or c	certain
	Classes? If so,		
	specify: No No		
			The state of the s
	Brief description of filing. (If fil	ing follows rates of an ad	visory
	Organization, specify		
	organization):		adopt NCCI Voluntary Rates (Circular
	IL-2014-06), which reflects an overall dec	rease of -5.5% for all new and rene	ewal policies. We are also amending
	EastGUARD Insurance Company's deviation		
	*Adjusted to reflect all prior rat		
	**Change in Company's premi	um level which will result	from application of new
	rates.		
		EastGUARD Insurar	
			ie of Company
			te Filings Representative II
		Ο	fficial – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 2/1/2015	•

	(1)	(2) Annual Premium	(3) Percent		
4	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private				
	Passenger				
_	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
_	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire	<u></u>			
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners	<u></u>			
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other Worker Compensation	\$18,018,675	_6.2%		
	Line of Insurance				
	Does filing only apply to certain to Classes? If so, specify: No	territory (territories) or certa	ain		
	<u> </u>				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify				
	organization): Adopting NCCI 1/1/15 loss costs and increasing LCM				
					

Name of Company of Wausau

Name of Company

Deborah Fleming- Product Technician II

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois) *</u>	(3) Percent <u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	19,489,029	-7.0%
N Brie	es filing only apply to certain territory (te o of description of filing. (If filing follows ra doption of approved NCCI Circular IL-2 dvisory Rates, Loss Costs, and Rating	ates of an advisory organization 014-06 Illinois-Voluntary Marke	i, specify organization): t-Approval of Voluntary
* A	djusted to reflect all prior rate changes. hange in Company's premium level wh		
v	ill result from application of new rates.		ederated Mutual Ins. Co.
v	viii result from application of new rates.	Nam Greg Bangs ACA	ederated Mutual Ins. Co. ne of Company AS, MAAA – Assoc. Actuary

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or r	ate level produced by rate revision
effective 01/01/2015	·

	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	_ Change (+or <u>-) **</u>
Auto	mobile Liability Private		
Pass	senger		
Com	ımercial		
	mobile Physical Damag	3	
	ate Passenger		
	mercial		
	ility Other Than Auto		
-	lary and Theft		
Glas		· · · · · · · · · · · · · · · · · · ·	
Fidel	•		
Sure	•		.=
	er and Machinery		
Fire			
	nded Coverage		
	d Marine		
	eowners		
	mercial Multi-Peril		
Crop			
Othe	r Workers Compensation Life of Insurance	3,498,483	-13.1%
	Life of insurance		
	ses? If so,	tain territory (territories) or	certain
<u> </u>		CEUm Callanna and a a a f	J. d
		f filing follows rates of an a	avisory
_	anization, specify nization):	Rate Adjustment	
uiga	riizatiori).	Kate Adjustitient	
*∆dii	usted to reflect all prior	rate changes	, 1888 (1888)
•	ange in Company ['] s pre	emium level which will resul	It from application of new
	. .	Federated Rural E	lectric Insurance Exchange
			me of Company
		Chant Sent - Actuar	

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective __January 1, 2015 ____ .

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois) *</u>	(3) Percent <u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	1,822,529	-5.8%
 Brie	of description of filing. (If filing follows ra	tes of an advisory organizati 014-06 Illinois-Voluntary Mar	on, specify organization): ket-Approval of Voluntary
_A	dvisory Rates, Loss Costs, and Rating \	/alues Επεστινέ January 1, 2	015.
** C	djusted to reflect all prior rate changes. change in Company's premium level whi vill result from application of new rates.	ich	
		N I.	Federated Service Ins. Co.
			CAS, MAAA – Assoc. Actuary
			Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's p	remium or rate	level produc	ed by rate revision
effective 2/1/2015			

	(1)	(2) Annual Premium	(3) Percent
4	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker Compensation	\$10,939,353	-6.2%
•	Line of Insurance		
	Does filing only apply to certain to	erritory (territories) or certa	ain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If filing	follows rates of an advisor	ry
	Organization, specify		
	organization): Adopting NCCI 1/2	I/15 loss costs and increas	sing LCM
	-		
	*Adjusted to reflect all prior rate of	hanges	

The First Liberty Insurance Corporation

Name of Company

Deborah Fleming- Product Technician II

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2)	(3)
(' /	Annual Premium	Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Privat		
Passenger		
Commercial		
Automobile Physical Dam	ag	
Private Passenger	-5	
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		······································
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	8,694,402	-6.2%
Life of Insurance		0.12.70
	ertain territory (territories) or	certain
Classes? If so,		
specify: N/A	\	· · · · · · · · · · · · · · · · · · ·
Drief description of filing	Of filing follows rates of an a	duines
Organization, specify	(If filing follows rates of an a	lavisory
organization):	Adoption of NCCI rate ref	erenced in IL-2014-06 on 2/1/201
organization).	Adoption of the of fate for	01011030 111 12-20 14-00 011 27 1720 1
*Adjusted to reflect all price		IA faanaa marak ee ee ee f
rates.	remium level which will resu	it from application of ne
10(00.	First Nonprofit Inst	urance Company
		me of Company
	Submitted by: Jame	, ,

Form (RF-3)

SUMMARY SHEET

 2. 3. 	Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
 2. 3. 	Private Passenger Commercial Automobile Physical Damage Private Passenger		
3.	Commercial Automobile Physical Damage Private Passenger		
3.	Automobile Physical Damage Private Passenger		
3.	Private Passenger		
	———————————————————————————————————————		
	Commercial		
4.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		- <u>-</u> -
	Fidelity		
	Surety		
	Boiler and Machinery		
• •	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers Compensation	3,212,420	-3.1%
	Line of Insurance		
No.	cription of filing. (If filing follows r	rates of an advisory organization, specify ss costs and to change our current loss c	v organization):

Danielle Ankrom, Compliance Specialist Official - Title

FORM (RF-3)

(1)	(2)	_ (3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$ 998,904	-5.7%
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		
specify: Applies	to All	
D 1 ()		
Brief description of filing. (If f	iling follows rates of an ac	ivisory
Organization, specify	Follows NCCI Illinois Rates	
organization):	Follows NCCI IIIIIIOIS Rates)
*Adjusted to reflect all prior ra	ite changes.	
**Change in Company's prem	nium level which will result	from application of ne
rates.		
		Crum Insurance Compan
		ne of Company
		une - Actuarial Consultant
		Official – Title

SUMMARY SHEET

	(2) (3) ual Premium Percent
<u>ooverage</u> <u>voidi</u>	me (Illinois)* Change (+ or -)**
	Tite (minora)
. Automobile Liability	
Private Passenger	
Commercial	
Automobile Physical Damage Private Passenger Commercial	
Liability Other Than Auto	
Burglary and Theft	
Glass	
Fidelity	
Surety	
Boiler and Machinery	
Fire	
. Extended Coverage	
. Inland Marine	
. Homeowners	
3. Commercial Multi-Peril	
l. Crop Hail	
	3,822,577 -6.2%
Line of Insurance	
oes filing only apply to certain territory (territories) of the control of the co	n advisory organization, specify organization):
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.	
Change in Company's premium level which will	Granite State Insurance Company
Change in Company's premium level which will	Granite State Insurance Company Name of Company
Change in Company's premium level which will	Name of Company
Change in Company's premium level which will	

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Debugta Danasas Communical		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
	· 	
	· <u> </u>	
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	4,896,551	-6.2%
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specify	: <u>no</u>
Brief description of filing. (If filing follows rate		rganization): NCCI loss costs adoption
		
Adjusted to reflect all prior rate changes. Change in Company's premium level which	n will result from application of new rate	S.
	Imperiu	ım Insurance Company
		Name of Company
	Ki	rby Hill, President
		Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2015</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, ,	• • •
Private Passenger		
Commercial		
2. Automobile Physical Damage	·	
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	· · · · · · · · · · · · · · · · · · ·	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 225,417,717	-6.7%
16. Other \\\ \		
Line of Insurance		
Does filing only apply to certain territory (territories) or of the description of filing (if filing follows rates of an advious (Adopt 1/1/15 Advisory Rates)		
(Adopt 1/1/15 Advisory Rates)		

INDEMNITY INSURANCE CO. OF N. AMERICA Name of Company

John Fogleboch – WC Compliance Analyst Official — Title

Adjusted to reflect all prior rate changes.
 Change in Company's premium level which will result from application of new rates.

Form (RF-3) <u>SUMMARY SHEET</u>

Change in Company's premium or rate lev	el produced by rate revision effect	tive January 1, 2015
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto	<u> </u>	
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	-\$1,874,485	-6.2%
Line of Insurance		
Does filing only apply to certain territory No.	(territories) or certain classes? If	so, specify:
Brief description of filing. (If filing follows		i, specify organization):
Rate filing based on NCCI's approved	advisory loss costs.	
* Adjusted to reflect all prior rate char	ines	
** Change in Company's premium leve		
result from application of new rates.		
rosalt from application of flow factor.		
		Illinois National Insurance Company
	_	Name of Company
		Walter Murphy
		Filings Analyst
	_	Official - Title
H29219D		- · · · - · · · · · · · · · · · · · · ·

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 03/1/2015.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	, , , , , , , , , , , , , , , , , , , ,	,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft Glass		
		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	<u> </u>	<u>-6.7%</u>
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla		
(Adopt 1/1/15 Advisory Rates)	., .,	,

INSURANCE COMPANY OF N. AMERICA Name of Company

John Fogleboch – WC Compliance Analyst Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

nange in Company's premium or rate leve	el produced by rate revision effective	January 1, 2015
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		<u> </u>
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
 Fire Extended Coverage 		
11. Inland Marine		· · · · · · · · · · · · · · · · · · ·
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$20,074,758	-6.2%
Line of Insurance		
Does filing only apply to certain territory ((territories) or certain classes? If so, spec	sify:
Brief description of filing. (If filing follows Rate filing based on NCCI's approved	rates of an advisory organization, specify advisory loss costs.	organization):
Adjusted to reflect all prior rate change		
 * Adjusted to reflect all prior rate change ** Change in Company's premium level 	ges.	
· · · · · · · · · · · · · · · · · · ·	ges.	
** Change in Company's premium level	ges.	
** Change in Company's premium level	ges. I which will The Insurance Company of the	
** Change in Company's premium level	ges. I which will	
** Change in Company's premium level	ges. I which will The Insurance Company of the	
** Change in Company's premium level	ges. I which will The Insurance Company of the	pany Walter Murphy Filings Analyst
** Change in Company's premium level	ges. I which will The Insurance Company of the	pany Walter Murphy

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		· · · · · · · · · · · · · · · · · · ·
Boiler and Machinery		···
Fire		
). Extended Coverage		
I. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
I. Crop Hail		•
5. Other Worker Compensation	\$37,890,914	-6.2%
Line of Insurance		
Does filing only apply to certain	territon/(territories) or certa	uin.
Classes? If so,	tornery (torner) or corta	
specify: No		
<u></u>		
Brief description of filing. (If filing	a follows rates of an advisor	ν
Organization, specify	3 · · · · · · · · · · · · · · · · · · ·	,
organization): Adopting NCCI 1	/1/15 loss costs and increas	sina LCM

Liberty Insurance Corporation

Name of Company

Deborah Fleming- Product Technician II

Official – Title

FORM (RF-3)

SUMMARY SHEET

Coverage Automobile Liability Private Passenger	Volume (Illinois) *	Change (+or-) **
Passenner		
assonger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		·
Commercial Multi-Peril		
Crop Hail		_
	\$38,034,237	-6.2%
Other Worker Compensation Line of Insurance Does filing only apply to certain	\$38,034,237 territory (territories) or cer	-6.2% rtain
specify: No		
	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Worker Compensation Line of Insurance	Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Worker Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain cer

Name of Company

Deborah Fleming- Product Technician II

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium	or rate le	evel produced	by rate	revision
effective 2/1/2015				

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker Compensation	\$6,933,078	-6.2%
	Line of Insurance		
	Does filing only apply to certain to Classes? If so, specify: No	erritory (territories) or certa	ain
	Brief description of filing. (If filing	follows rates of an advisor	Ύ
	Organization, specify		
	organization): Adopting NCCI 1/2	1/15 loss costs and increas	sing LCM
	*Adjusted to reflect all prior rate of	changes	

Liberty Mutual Insurance Company Name of Company Deborah Fleming- Product Technician II
Official – Title

ed to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		<u> </u>
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
. Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
Other Worker Compensation	\$32,482,214	-6.2%
Line of Insurance		
Does filing only apply to certain	territory (territories) or certa	ain
Classes? If so,		
specify: No		
Brief description of filing. (If filin	g follows rates of an adviso	ry
Organization, specify		
	/1/15 loss costs and increas	

LM Insurance Corporation

Name of Company

Deborah Fleming- Product Technician II

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	volume (minors)	Change (+or)
•	Passenger		
	Commercial		
I	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers' Compensation	3,902,562	-4.1
	Line of Insurance		
•	Does filing only apply to certa Classes? If so, specify: N/A	nin territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	A L. W. CNOON D 5	
	organization):		Premiums effective 1/1/2015. We are
	adopting a revised multiplier of 1.978. To	ne implied rate change from 1/1/14	rates to 1/1/15 rates is -4.1%.
	*Adjusted to reflect all prior ra **Change in Company's premates.		It from application of new
		Lumbermen's Und	erwriting Alliance
			me of Company
			nior Compliance Analyst

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 01/01/2015	_•

Coverage obile Liability Pr nger ercial obile Physical D Passenger ercial y Other Than Au ry and Theft and Machinery ed Coverage	amag —	Volume	(Illinois) *	- Ch	nange (+c	or-) **
nger ercial obile Physical D Passenger ercial Other Than Au ry and Theft and Machinery ed Coverage	amag —					•
ercial obile Physical D Passenger ercial Other Than Au ry and Theft and Machinery ed Coverage	_					•
obile Physical De Passenger ercial y Other Than Aury and Theft and Machinery ed Coverage	_					•
Passenger ercial y Other Than Au ry and Theft and Machinery ed Coverage	_					
ercial y Other Than Au ry and Theft and Machinery ed Coverage	uto					
y Other Than Aury and Theft and Machinery ed Coverage	uto					
ry and Theft and Machinery ed Coverage	uto					
and Machinery ed Coverage	 					
and Machinery ed Coverage						
and Machinery ed Coverage	 					
ed Coverage						
ed Coverage						
•	_					
•	-					
Marine	_			-		
wners						
ercial Multi-Peril						·
ail						
Vorkers Compensation	\$	5,659,286		-6.2%		
Life of Insurance	ce –				· · · -	
es? If so,		territory (1	territories) (or certain		
<i>,</i> .						
•	ng. (If filin	g follows	rates of an	advisory	· · · · · · · · · · · · · · · · · · ·	
		Adoption	of NCCI approv	ed loss costs	reference cir	rcular IL-2014-0
Lauon).						
·	es? If so, r: escription of filir zation, specify	es? If so, No escription of filing. (If filing.)	es? If so, No escription of filing. (If filing follows zation, specify	escription of filing. (If filing follows rates of an zation, specify	escription of filing. (If filing follows rates of an advisory zation, specify	escription of filing. (If filing follows rates of an advisory zation, specify

Midwest Employers Casualty Company
Name of Company
Neila Wagner - Product Management Team Lead

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	· Volume (minors)	Orlange (101-)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		<u>,</u>
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery Fire		
·		
Extended Coverage Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	2.000.000	
Other Workers' Compensation	2,080,366	-6.2%
Life of Insurance		
Does filing only apply to certa	ain territory (territories) or o	certain
Classes? If so,	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
specify: N/A		
Brief description of filing. (If t	iling follows rates of an ac	lvisorv
Organization, specify	9	•
organization):	Adoption of NCCI rate refer	renced in IL-2014-06 on 2/1/201
*Adjusted to reflect all prior ra		
**Change in Company's pren	nium level which will result	t from application of ne
rates.		

ILLINOIS SUMMARY SHEET

FORM RF-3

hange i	in Company's premium or rate level produced l	by rate revision effective:	1/1/2015
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		-
10.	Extended Coverage		
11 .	Inland Marine		· · · · · · · · · · · · · · · · · · ·
12.	Homeowners		-
13.			
	Commercial Multi-Peril		
14.	Crop Hail	12.052.008	(50/
15.	Workers Compensation	12,952,098	-6.5%
16 .	Other:		
oes fili	ng only apply to certain territory (territories) or	r certain classes? If so, specify.	Not Applicable
	scription of filing (if filing follows rates of an a e are filing to adopt the 1/1/2015 NCCI IL vol-		n effective date of 1/1/2015
1	-force Written Premium nange in Company's premium level which will	result from application of new rates.	
		National Fire Insurance	ee Company of Hartford
			ee Company of Hartford Company
		Name of	

ILLINOIS SUMMARY SHEET

FORM RF-3

1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine	(1)	(2)	(3)
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify dief description of filling (if filling follows rates of an advisory organization, specify organization)	Coverage		Percent Change (+ or -)*
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance pees filing only apply to certain territory (territories) or certain classes? If so, specify ief description of filing (if filing follows rates of an advisory organization, specify organization)	1. Automobile Liability	,	• • • •
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Dees filling only apply to certain territory (territories) or certain classes? If so, specify dief description of filling (if filling follows rates of an advisory organization, specify organization)	Private Passenger		
Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	Commercial		
Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Horneowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	2. Automobile Physical Damage		
3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	Private Passenger		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	Commercial		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	3. Liability Other than Auto	<u> </u>	
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filling only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filling follows rates of an advisory organization, specify organization)	4. Burglary and Theft		
7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify ief description of filing (if filing follows rates of an advisory organization, specify organization)	5. Glass		<u> </u>
8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify ief description of filing (if filing follows rates of an advisory organization, specify organization)	6. Fidelity		
9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify ief description of filing (if filing follows rates of an advisory organization, specify organization)	7. Surety		
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Dees filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	8. Boiler and Machinery		
1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Dees filling only apply to certain territory (territories) or certain classes? If so, specify dief description of filling (if filling follows rates of an advisory organization, specify organization)	9. Fire		
2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Dees filling only apply to certain territory (territories) or certain classes? If so, specify dief description of filling (if filling follows rates of an advisory organization, specify organization)	0. Extended Coverage		
3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Dees filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	1. Inland Marine		
4. Crop Hail 5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify dief description of filing (if filing follows rates of an advisory organization, specify organization)	2. Homeowners		
5. Workers Compensation 6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Dief description of filing (if filing follows rates of an advisory organization, specify organization)	Commercial Multi-Peril		
6. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Description of filing (if filing follows rates of an advisory organization, specify organization)			
Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify Description of filing (if filing follows rates of an advisory organization, specify organization)	·	\$3,681,941	-10.9%
pes filing only apply to certain territory (territories) or certain classes? If so, specify			
ief description of filing (if filing follows rates of an advisory organization, specify organization)	Line of madranes		
ief description of filing (if filing follows rates of an advisory organization, specify organization)	pes filing only apply to certain territory (territori	es) or certain classes? If so, specify	
ief description of filing (if filing follows rates of an advisory organization, specify organization)		co) or cortain diaboos. If oo, speerly	
)	· · · · · · · · · · · · · · · · · · ·	
	ief description of filing (if filing follows rates of	an advisory organization, specify organiza	ation)
option of NCCI Workers Compensation Loss Cost Reference Filing Number IL-2014-03 effective 01/01/2015.			
	option of NCCI Workers Compensation Loss Cost F	Reference Filing Number IL-2014-03 effective 0	1/01/2015.

National Interstate Insurance Company Name of Company

Kathy Juhasz, Regulatory Compliance Spec. Official — Title

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

Change in Company's premiur	m or rate level p	produced by rate revision
effective January 1, 2015		

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$435,493	-5.5%
	Life of Insurance		
•	•		
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: No No		
	Brief description of filing. (If fi	iling follows rates of an ac	dvisory
	Organization, specify		
	organization):	Filing to adopt NCCI advisor	y rate filing in circular number IL-2014-06
	approved Effective January 1, 2015.		· · · · · · · · · · · · · · · · · · ·
	*Adjusted to reflect all prior ra	•	
	**Change in Company's prem	iium level which will resul	t from application of new
	rates.	Ni-Airmat Linkillan O	Fire Incomes Comment
			Fire Insurance Company
		Nar Kara Raiguel, Vice f	me of Company
			· · · · · · · · · · · · · · · · · · ·
		(Official – Title

ange in Company's premium or rate le	January 1, 2015	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>001010ge</u>	VOIGINO (IIII. IOIO)	<u></u>
Automobile Liability		
Private Passenger		
Commercial		
. Automobile Physical Damage		
Private Passenger		
Commercial	-	
. Burglary and Theft		<u> </u>
i. Glass		
. Fidelity		<u> </u>
. Surety		
B. Boiler and Machinery		
). Fire		 -
Extended Coverage		
1. Inland Marine		
2. Homeowners		- 4-9-
Commercial Multi-Peril		
4. Crop Hail		0.00/
Other <u>Workers' Compensation</u> Line of Insurance	\$10,914,840	-6.2%
Line of insurance		
oes filing only apply to certain territor	y (territories) or certain classes? If so, sp	ecify:
o.	<u> </u>	
	vs rates of an advisory organization, spec	cify organization):
late filing based on NCCI's approve	d advisory loss costs.	
8 di t. d t		
Adjusted to reflect all prior rate cha Change in Company's premium lev		
result from application of new rates		
result from application of flew rates	•	
	National Union Fire Insurance	Company of Pittsburgh, Pa.
-	Name of Co	
		Walter Murphy
		Filings Analyst
		Official - Title
J20210D		Omoral - Title

Change in Company's premium or rate I	evel produced by rate revision effective	/e January 1, 2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger 		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
 Fidelity Surety Boiler and Machinery Fire Extended Coverage 		
11. Inland Marine12. Homeowners13. Commercial Multi-Peril14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	\$36,215,519	-6.2%
No. Brief description of filing. (If filing follo Rate filing based on NCCI's approv	ws rates of an advisory organization,	
 * Adjusted to reflect all prior rate ch ** Change in Company's premium le result from application of new rate 	vel which will	
		New Hampshire Insurance Company Name of Company
		Walter Murphy Filings Analyst Official - Title
H29219D		Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rai	te level produced by rate revision
effective October 1, 2014	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
١.	Automobile Liability Private	voidine (minoloj	Orlange (101)
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
}.	Burglary and Theft		
5.	Glass		
). •	Fidelity		
7. 3.	Surety Railer and Machinery		
).).	Boiler and Machinery Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers Compensation	\$8,780,522	+1.50%
	Life of Insurance		
•	Does filing only apply to certal Classes? If so, specify: 9014, 9015 and 9101	,	certain 7228, 7229, 8829, 8833, 8835, 8868,8869,
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Organization, specify	•	•
	organization):	NorGUARD is filing an add	litional deviation specific to the above
	classes to have an overall deviation for t	hese classes to be +20% from the	NCCI rate.
	*A !	4	
	*Adjusted to reflect all prior ra **Change in Company's premates.		t from application of new
	10.00.	NorGUARD Insura	nce Company
			ne of Company
		Greg Harchar - Dire	ctor of State Filings

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|---------------------------------|--------------------------------|----------------------------|
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation | \$11,106,060 | -1.0% |
| Life of Insurance | | |
| Does filing only apply to certa | ain territory (territories) or | certain |
| Classes? If so, | 13.1.121 / (10.1.101.100) 01 | e e e e e e e e |
| specify: No | | |

Brief description of filing. (If filing follows rates of an advisory Organization, specify

organization):

Effective 1/1/15 we wish to adopt NCCI Voluntary Rates (Circular

IL-2014-06), which reflects an overall decrease of -5.5% for all new and renewal policies. We are also amending NorGUARD Insurance Company's deviation at this time.

NorGUARD Insurance Company

Name of Company

Mitch Matthews - State Filings Representative II

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| | (1) | (2) | (3) |
|---|---|--------------------------------|-------------------------|
| | 0 | Annual Premium | Percent |
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | *** | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 1 | Other Workers' Compensation | 6331 | -5.5% |
| | Life of Insurance | | |
| | Does filing only apply to certa | oin territory (territories) or | certain |
| | Classes? If so, | in ternory (terniones) or | ocitain |
| | specify: No | | |
| | <u></u> | | |
| | Brief description of filing. (If f | iling follows rates of an ac | tvisony |
| | Organization, specify | imig follows rates of all ac | 24.5019 |
| | organization): | Oak River Insurance Co | ompany is adopting |
| | the loss costs and miscellaneous values | | ···· |
| | Insurance for policies incepting after 0° | | |
| | *Adjusted to reflect all prior ra | | |
| | | | from application of nev |
| | **Change in Company's prem | HUITICACI MATROLI MATRICESTI | |
| | **Change in Company's premates. | HOITI ICYCI WINCII WIN ICOU | |
| | **Change in Company's premates. | Oak River Insura | |
| | - · · · · · · · · · · · · · · · · · · · | Oak River Insura | |

SUMMARY SHEET

| Change : | in | Company' | S | premium | or | rate | level | produced | by | rate |
|----------|-----|-----------|---|---------|----|------|-------|----------|----|------|
| revision | n e | effective | | January | 1, | 2015 | | | | |

| revision effective Januar | y 1, 2015 | • |
|--|-------------------------------|---|
| (1) | (2)
Annual Premium | (3)
Percent |
| Coverage | <pre>Volume (Illinois)*</pre> | Change (+ or -)** |
| Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Workers Compensation | 19,321,711 | -6.2 |
| Line of Insurance | 19,321,711 | |
| Line of insurance | | |
| Does filing only apply to certain If so, specify: n/a | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization | n): Old Republic General | Insurance Corporation 2014-03 Advisory Rates, |
| * Adjusted to reflect all prior ** Change in Company's premium le result from application of new | vel which will | |

Old Republic General Insurance Corporation
Name of Company

Deborah J. Matthews, AVP - Compliance
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underline{\text{January 1, 2015}}$.

| (1) | (2)
Annual Premium | (3)
Percent |
|---|------------------------------------|---------------------------------------|
| Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril
14. Crop Hail | | |
| 15. Other Workers Compensation | 12,676,921 | -6.2 |
| Does filing only apply to certain If so, specify: n/a | territory (territories)o | r certain classes? |
| Brief description of filing. (If organization |): Old Republic Insurar | ce Company
2014-03 Advisory Rates, |
| * Adjusted to reflect all prior r
** Change in Company's premium lev
result from application of new | el which will | |
| | 01.1.5 | |
| | Old Republic Insuran Name of Compa | |
| | wame or compa | y |
| Ē | eborah J. Matthews - A | VP - Compliance |
| - | Official - Ti | |

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 03/1/2015.

| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or)** |
|--|---|-----------------------------------|
| 1. Automobile Liability | (| 5.12.1g5 (5. |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| | | |
| Private Passenger
Commercial | | |
| = | | |
| 3. Liability Other than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$ 203,648 | <u>-6.7%</u> |
| 16. Other WC | | |
| Line of Insurance | | |
| Does filing only apply to certain territory (territories) or certain cla | asses? If so, specify <u>No</u> | |
| Brief description of filing (if filing follows rates of an advisory organization (Adopt 1/1/15 Advisory Rates) | anization, specify organiza | tion) See Filing Memorandum; |

PACIFIC EMPLOYERS INSURANCE CO. Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision |
|---|
| effective January 1, 2015 |
| |

| (1) | (2)
Annual Premium | (3)
Percent |
|--|---|-------------------------------|
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability F | rivate | |
| Passenger | | |
| Commercial | | |
| Automobile Physical | Damag | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than A | uto | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | - | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Per | 1 | |
| Crop Hail | | |
| Other Workers Compensatio | | 0.6% |
| Life of Insurar | ce | |
| Does filing only apply Classes? If so, specify: | to certain territory (territories) o | r certain |
| Brief description of fil | ng. (If filing follows rates of an | advisory |
| Organization, specify | g. (A mining removed reaces of arriv | aa 1,50,7 |
| organization): | Please see Rate Filing M | lemorandum attached to filing |
| | | |
| | | |
| *Adjusted to reflect a
**Change in Compar
rates. | prior rate changes. y's premium level which will resu | ult from application of new |
| | Pharmacists Mutu | ual Insurance Company |
| | Na | ame of Company |
| | Rich Berke, Senior | r Regional Vice President |

FORM (RF-3)

SUMMARY SHEET

| (1)
Coverag | ie | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|---|------------------|--|---------------------------------------|
| Automobile Liabi | | | - <u> </u> |
| Passenger | , | | |
| Commercial | | | |
| Automobile Phys | ical Damag | | |
| Private Passenge | _ | | |
| Commercial | | | |
| Liability Other Th | an Auto | | |
| Burglary and The | | | |
| Glass | | | |
| Fidelity | | | |
| Surety | | | |
| Boiler and Machin | nery | | |
| Fire | • | | · · · · · · · · · · · · · · · · · · · |
| Extended Covera | age | | |
| Inland Marine | · · | | |
| Homeowners | | | |
| Commercial Mult | i-Peril | | |
| Crop Hail | | | |
| Other Workers Compe | ensation | 661,553.00 | -6.2% |
| Life of Ins | surance | | |
| Does filing only a Classes? If so, specify: | apply to cert | ain territory (territories) or | certain |
| ороспу. | | | |
| Brief description | of filing. (If | filing follows rates of an ac | dvisory |
| Organization, sp | ecify | | |
| organization): | | Adopt NCCI Advisory Rate | s & Rating Values referenced in |
| Circular IL-2013-06 to | be effective Jan | uary 1, 2015 | . <u> </u> |
| | | | |
| | ect all prior r | | t from application of ne |
| *Adjusted to reflee **Change in Con | npany's pre | mium level which will resul | t nom application of ne |
| | npany's pre | | • • |
| **Change in Con | npany's pre | Preferred Profession | onal Insurance Company ne of Company |

3. 4. 5. 6. 7. 8. 9.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| - | (1) | (2)
Annual Premium | (3)
Percent |
|----|--|-------------------------------|----------------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| • | Fire | | |
| ٥. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other Workers' Compensation | 0 | -5.5% |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, | in territory (territories) or | certain |
| | specify: No No | | |
| | | | |
| | Brief description of filing. (If f Organization, specify | iling follows rates of an ac | dvisory |
| | organization): | Redwood Fire and Casua | Ity Insurance Company is adoptir |

Redwood Fire and Casualty Insurance Company Name of Company Keith Engelbrecht, A.C.A.S. - Actuary

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

| Change in Company's prem | ium or rate level produced b | y rate revision |
|--------------------------|------------------------------|-----------------|
| effective 02/01/2015 | • | |
| | | |
| (4) | (2) | (2) |

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|--------------------------------|-------------------------|
| _ | Coverage - | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | \$672,267 | -7.0% |
| | Line of Insurance | | |
| • | 5 69 | | |
| | Does filing only apply to certai | n territory (territories) or d | certain |
| | Classes? If so, | Con An all alanana | |
| | specify: No - Appl | ies to all classes. | |
| | D 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | Brief description of filing. (If fil | ing follows rates of an ad | visory |
| | Organization, specify | Deley adention of NCCLL or | on Conta |
| | organization): | Delay adoption of NCCI Los | SS COSIS |
| | | | |
| | *Adjusted to reflect all prior rat | e changes | |
| | **Change in Company's premi | | from application of new |
| | rates. | an level willer will result | nom application of new |
| | vates. | Riverport Insurance | Company |
| | | | ne of Company |
| | | Marcella Wilks - Reg | • |
| | | | fficial – Title |

FORM (RF-3)

| Change in Com | pany | 's premium or rate level produced by rate revision |
|---------------------|------|--|
| effective <u>oi</u> | 101 | bo15. |

| | , , | | |
|-----|-------------------------------------|--|---|
| - | (1) | (2) | (3) |
| _ | | Annual Premium | Percent |
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | ************************************** |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 3. | Fidelity | ************************************** | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| Э. | Fire | | |
| 10. | Extended Coverage | | - |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other NORILERS comp. | 8 C 11/2 2 2 Y | ./7% |
| Ο. | Line of Insurance | \$5,145,735 | |
| * | Line of insurance | | |
| • | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so, | • • • • • • | |
| | specify: | NO. | |
| | | | |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisory |
| | Organization, specify | | • |
| | organization): | ADOPTION W/ | DEVIATION OF |
| | NCCT VOLUNTARY | | |
| | / | | |
| | *Adjusted to reflect all prior ra | te changes. | |
| | **Change in Company's prem | ium level which will resul | It from application of new |
| | rates. | T Aunza | M. SNUNER. |
| | | MEGULATOR- | ne of Company asualty Insurance Company |
| | | Nat | ne of Company |
| | | Kockwood C | asualty Insurance Company |
| | | (| Official – Title |
| | | | |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate leve | produced by rate revision effective | January 1, 2015 |
|---|--|---|
| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage | • | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5 Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| - · · . | <u> </u> | |
| O F: | | |
| | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Comp</u> | \$98,550 | -5.5% |
| Line of Insurance | | |
| Does filing only apply to certain territory (ter | ritories) or certain classes? If so, specify: <u>Natural Reports of the land</u> | No. |
| Brief description of filing. (If filing follows Voluntary Advisory Rates effective January Circular IL-2014-03. | rates of an advisory organization, speci
1, 2015 as published in NCCI Approval Ci | fy organization): <u>Adoption of NCCI</u>
rcular IL-2014-06 and filed per Filing |
| | | |
| *Adjusted to reflect all prior rate changes.
**Change in Company's premium level whic | h will result from application of new rates. | |
| | Cofeb Cin | at Incurance Company |
| | | st Insurance Company ame of Company |
| | IV8 | апте от соптрату |
| | Tipo Kompuo | rth Compliance Analyst |
| | i ina Nampwe | rth – Compliance Analyst Official – Title |
| | | Omolai - 1106 |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate lev | el produced by rate revision effective | January 1, 2015 |
|---|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| 1 Automobile Liebilika Dakate | | |
| Automobile Liability Private Passenger Commercial | | |
| | | |
| 2. Automobile Physical Damage | | |
| | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | . | |
| 5. Glass _ | | |
| 6. Fidelity | | |
| 7. Surety | · · · · · · · · · · · · · · · · · · · | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other <u>Workers' Comp</u> | \$2,317,414 | 5.5 |
| Line of Insurance | | |
| Brief description of filing. (If filing follow | erritories) or certain classes? If so, specify so rates of an advisory organization, specy 1, 2015 aas published in NCCI Approva | cify organization): Adoption of NCCI |
| | | |
| | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level wh | ich will result from application of new rates | s. |
| | | onal Casualty Corporation
Name of Company |
| | Tina Kampu | verth – Compliance Analyst |
| | - THE ROTTE | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| | | (2)
Annual Premium | (3)
Percent |
|--|-------------|---|--|
| Coverage | - | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability P | rivate | | |
| Passenger | | | |
| Commercial | | | |
| Automobile Physical I | Damag | | |
| Private Passenger | | | |
| Commercial | | | |
| Liability Other Than A | uto | | |
| Burglary and Theft | | | |
| Glass | | | |
| Fidelity | | | |
| Surety | | | |
| Boiler and Machinery | | | |
| Fire | | | |
| Extended Coverage | | | |
| Inland Marine | | | |
| Homeowners Commercial Multi-Per | .:1 | | |
| Crop Hail | 11 | | |
| Other Workers' Compensatio | n | 5,408,014 | -6.2% |
| Life of Insurar | | 3,400,014 | -0.2 /8 |
| Does filing only apply Classes? If so, | | in territory (territories) or | certain |
| • | N/A | | |
| specify: | | | |
| specify: Brief description of fill | | ling follows rates of an ac | dvisory |
| specify: Brief description of fill Organization, specify | | | • |
| specify: Brief description of fill | | | dvisory
renced in IL-2014-06 on 2/1/20 |
| specify: Brief description of fill Organization, specify | | | • |
| specify: Brief description of fill Organization, specify organization): *Adjusted to reflect al **Change in Compan | Il prior ra | Adoption of NCCI rate refe | renced in IL-2014-06 on 2/1/20 |
| specify: Brief description of fill Organization, specify organization): *Adjusted to reflect all | Il prior ra | Adoption of NCCI rate refe | renced in IL-2014-06 on 2/1/20 |
| specify: Brief description of fill Organization, specify organization): *Adjusted to reflect al **Change in Compan | Il prior ra | Adoption of NCCI rate refe
te changes.
ium level which will resul | t from application of ne
surance Company
ne of Company |

FORM (RF-3)

SUMMARY SHEET

| (1) | (2) Annual Premium | (3)
Percent |
|--|---------------------------------|------------------------------|
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag |) | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| nland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers' Compensation | \$115,257 | -1.5% |
| Life of Insurance | | |
| Does filing only apply to cer Classes? If so, specify: | tain territory (territories) or | certain |
| Brief description of filing. (If Organization, specify | f filing follows rates of an ac | lvisory |
| organization): | Please refer to the NCCl ci | rcular IL-2014-06 |
| *Adjusted to reflect all prior | rate changes. | |
| **Change in Company's pre
rates. | emium level which will result | |
| Tates. | SFM Mutual Insural | nce Company
ne of Company |
| | | Director of Underwriting |
| | | |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2015 New & Renewal</u>.

| | (1) | (2)
Annual Premium | (3)
Percent |
|------------|---|----------------------------------|---------------------------------------|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | · · · · · · · · · · · · · · · · · · · |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | • | | |
| 11. | | | |
| 12. | | | |
| | Commercial Multi-Peril | | |
| 14.
15. | Crop Hail Other Workers Compensation | \$102,748 (2013 DWP) | -5.5% |
| 15. | Life of Insurance | \$102,740 (2013 DVVI) | -3.570 |
| | Life of Histianice | | |
| | Does filing only apply to certain | territory (territories) or certa | in |
| | Classes? If so, | , , | |
| | specify: No | | |
| | | | |
| | Brief description of filing. (If filing | g follows rates of an advisor | у |
| | Organization, specify | | |
| | organization): We are following t | the National Council on Con | npensation insurance, inc. rate |
| | and rating value revision that is | effective January 1, 2015. | |
| | | | |
| | *Adjusted to reflect all prior rate | changes | |
| | **Change in Company's premiur | n level which will result from | n application of new rates. |
| | Change in Company 5 promise | more, which was recar in a | . approation of their ratios. |
| | | Standard Mutual | Insurance Company |
| | | N: | ame of Company |
| | | <u>Larry L. Boehm,</u> | CPCU, Assistant Underwriting |
| Manage | er | | - |
| | | | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| (1)
Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or.) ** |
|--|--|---------------------------------------|
| Automobile Liability Private | | Change (+or-) ** |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | <u></u> | |
| Private Passenger | 9 | • |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers Compensation | \$16,875,003 | -6.2% |
| Life of Insurance | \$10,873,003 | -0.2% |
| | rtain territory (territories) or | certain |
| Does filing only apply to cer
Classes? If so,
specify: No | | |
| Classes? If so, specify: No Brief description of filing. (I | f filing follows rates of an ac | dvisory |
| Classes? If so, specify: Brief description of filing. (I Organization, specify | _ | • |
| Classes? If so, specify: No Brief description of filing. (I | _ | • |
| Classes? If so, specify: Brief description of filing. (I Organization, specify | _ | • |
| Classes? If so, specify: Brief description of filing. (I Organization, specify organization): | Adoption of NCCI approved | • |
| Classes? If so, specify: Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior **Change in Company's pre | Adoption of NCCI approved rate changes. | loss costs reference circular IL-2014 |
| Classes? If so, specify: Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior | Adoption of NCCI approved rate changes. emium level which will resul | loss costs reference circular IL-2014 |
| Classes? If so, specify: Brief description of filing. (I Organization, specify organization): *Adjusted to reflect all prior **Change in Company's pre | Adoption of NCCI approved rate changes. emium level which will resul | loss costs reference circular IL-2014 |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or | rate level produced by rate revision |
|--------------------------------|--------------------------------------|
| effective January 1, 2015 | |

| nt
-or-) ** |
|-----------------|
| |
| |
| |
| |
| • |
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| |
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| |
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| |
| |
| |
| |
| |
| 1/1/15 Loss Cos |
| |

Starr Indemnity & Liability Company

Name of Company Krystal A. Ross, ACAS, MAAA - Assistant Actuary

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|--------------------------------|-----------------------------------|----------------------------------|
| Coverage | - Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Dama | aa | |
| Private Passenger | -9 | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers' Compensation | 24.006.952 | C 20/ |
| Life of Insurance | 24,006,852 | -6.2% |
| Life of insurance | | |
| Does filing only apply to co | ertain territory (territories) or | certain |
| Classes? If so, | | |
| specify: N/A | | |
| | | |
| Brief description of filing. | (If filing follows rates of an ac | dvisory |
| Organization, specify | | |
| organization): | Adoption of NCCI rate refe | renced in IL-2014-06 on 2/1/2015 |
| | | |
| | | |
| *Adjusted to reflect all price | | |
| | remium level which will resul | t from application of nev |
| rates. | To be also med | 0 |
| | Technology Insura | |
| | Nat
Submitted by: Jame | ne of Company |
| | SUBMITED NV: 19MA | E STORANIAN ALAS |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium | or rate | level | produced by | rate revision |
|-----------------------------|---------|-------|-------------|---------------|
| effective 01/01/2015 | | | | |

| - | (1) | (2) | (3) |
|----|--|--------------------------------------|-------------------------------|
| | Coverage | Annual Premium - Volume (Illinois) * | Percent Change (+or-) ** |
| | Automobile Liability Private | - Volume (minors) | Change (101-) |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
|). | Extended Coverage | | |
| | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| ١. | Crop Hail | | |
| 5. | Other Workers Compensation | \$479,428 | -5.5% |
| | Line of Insurance | | |
| | Does filing only apply to cert Classes? If so, specify: | ain territory (territories) or | certain |
| | Brief description of filing. (If Organization, specify organization): | filing follows rates of an a | • |
| | organization). | 11001 Adoption - 12-20 14- | |
| | | | |
| | *Adjusted to reflect all prior r
**Change in Company's prer
rates. | | ılt from application of new |
| | 14(63. | TransGuard Insura | ance Company of America, Inc. |
| | | | me of Company |
| | | | State Filing Analyst II |
| | | | Official - Title |

ILLINOIS SUMMARY SHEET

FORM RF-3

| | in Company's premium or rate level produced | by rate revision effective: | 1/1/2015 |
|-----------------|--|--|-------------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12 . | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | 6,493,756 | -2.9% |
| 16 . | Other: | 0,130,130 | 2.770 |
| | | | |
| es fili | ing only apply to certain territory (territories) o | or certain classes? If so, specify. | Not Applicable |
| | scription of filing (if filing follows rates of an a | | |
| | e are filing to adopt the 1/1/2015 NCCI IL vol | luntary loss costs and revise our LCMs, with a | n effective date of 1/1/2015 |
| | e are filing to adopt the 1/1/2015 NCCI IL vol | luntary loss costs and revise our LCMs, with a | n effective date of 1/1/2015 |
| <u>W</u> | /e are filing to adopt the 1/1/2015 NCCI IL vol | luntary loss costs and revise our LCMs, with a | n effective date of 1/1/2015 |
| <u>W</u>
In- | | • | <u>n effective date of 1/1/2015</u> |
| <u>W</u>
In- | -force Written Premium | • | <u>n effective date of 1/1/2015</u> |
| <u>W</u>
In- | -force Written Premium | result from application of new rates. | |
| <u>W</u>
In- | -force Written Premium | result from application of new rates. Transportation Ir | isurance Company |
| <u>W</u>
In- | -force Written Premium | result from application of new rates. Transportation Ir | |
| <u>W</u>
In | -force Written Premium | result from application of new rates. Transportation Ir | isurance Company
Company |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective Triangle Insurance Company, Inc. /-/-/S

| - | (1) | (2)
Annual Premium | (3)
Percent |
|-----|---|---------------------------------------|---------------------------------------|
| 4 | Coverage - | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| ^ | Commercial | | |
| 2 | Automobile Physical Damag | | • |
| | Private Passenger | | |
| ٦. | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | · · · · · · · · · · · · · · · · · · · | |
| 5. | Glass | · | |
| ŝ. | Fidelity | | **** |
| 7. | Surety | 44444 | |
| 3. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 2,169,851 | -4.5% |
| | Line of Insurance | | |
| * | Does filing only apply to certain Classes? If so, specify: | in territory (territories) or c | certain |
| | D : () | | |
| | Brief description of filing. (If file | ling follows rates of an ad | visory |
| | Organization, specify | NCCI 04/04/2045 I and Con | to Filing NGCI State Filing City Ive |
| | organization):
IL-2014-06 | NCC101/01/2013 E8S C8S | ts Filing, NCCI State Filing Circular |
| | IL-2014-00 | | |
| | *Adjusted to reflect all price rep | to changes | |
| | *Adjusted to reflect all prior rail **Change in Company's premiserates. | | from application of new |
| | , 4(0). | Triangle Insurance (| Company, Inc. |
| | | | ne of Company |
| | | | Products & Compliance |
| | | | fficial - Title |
| | | 0 | inolal file |

ILLINOIS SUMMARY SHEET

FORM RF-3

| | n Company's premium or rate level produced by | y late levision effective. | 1/1/2015 |
|-----------------------------------|---|---|--|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2 . | Automobile Physical Damage
Private Passenger | | - |
| | Commercial | | |
| | Liability Other than Auto | | |
| • | Burglary and Theft | | |
| • | Glass | | |
| | Fidelity | | |
| - | Surety | | |
| ٠ | Boiler and Machinery | | |
| • | Fire | | |
| • | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Workers Compensation | 9,018,943 | 6.4% |
| | Od | | |
| | Other: | | |
| | other: ag only apply to certain territory (territories) or | certain classes? If so, specify. | Not Applicable |
| deso
<u>We</u>
In- | ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL volutorice Written Premium | lvisory organization, specify organization).
ntary loss costs and revise our LCMs, with a | Not Applicable n effective date of 1/1/2015 |
| filir
desc
<u>We</u> | ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL volume | lvisory organization, specify organization). ntary loss costs and revise our LCMs, with an example of the e | n effective date of 1/1/2015 |
| filir
desc
<u>We</u>
In- | ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL volutorice Written Premium | lvisory organization, specify organization). ntary loss costs and revise our LCMs, with an example of the example of the example. Valley Forge Inserts. | n effective date of 1/1/2015 |
| filir
desc
<u>We</u> | ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL volutorice Written Premium | lvisory organization, specify organization). ntary loss costs and revise our LCMs, with an example of the example of the example. Valley Forge Inserts. | n effective date of 1/1/2015 |
| filir
desc
<u>We</u> | ng only apply to certain territory (territories) or cription of filing (if filing follows rates of an ade are filing to adopt the 1/1/2015 NCCI IL volutorice Written Premium | lvisory organization, specify organization). ntary loss costs and revise our LCMs, with an example of the example of the example. Valley Forge Inserts. | n effective date of 1/1/2015 surance Company Company |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium | or rate lev | el produced | by rate revision |
|-----------------------------|-------------|-------------|------------------|
| effective 2/1/2015 | • | | |

| (1) | (2)
Annual Premium | (3)
Percent |
|---|----------------------------------|------------------|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| . Extended Coverage | | |
| . Inland Marine | | |
| . Homeowners | | |
| . Commercial Multi-Peril | | |
| . Crop Hail | | |
| Other Worker Compensation | \$1,369,620 | -6.2% |
| Line of Insurance | | |
| Does filing only apply to certain t | territory (territories) or certa | iin |
| Classes? If so, | | |
| specify: No | | |
| | | |
| Brief description of filing. (If filing | follows rates of an advisor | у |
| Organization, specify | | |
| organization): Adopting NCCI 1/ | 1/15 loss costs and increas | sing LCM |
| | | |
| *Adjusted to reflect all prior rate | changes | |
| **Change in Company's premiur | | |

Wausau Business Insurance Company
Name of Company
Deborah Fleming- Product Technician II
Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2015

| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois) * | (3) Percent Change (+or-) ** | |
|-----|---|--|------------------------------|--|
| 1. | Automobile Liability Private | | | |
| | Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| | Extended Coverage | | | |
| | Inland Marine | | | |
| | Homeowners | | | |
| | Commercial Multi-Peril | | | |
| | Crop Hail | | | |
| 15. | Other Worker Compensation | \$148,092 | -6.2% | |
| | Line of Insurance | | | |
| | Does filing only apply to certain to Classes? If so, specify: No | erritory (territories) or certai | n | |
| | Brief description of filing. (If filing | follows rates of an advisory | | |
| | Organization, specify | • | | |
| | organization): Adopting NCCl 1/1/15 loss costs and increasing LCM | | | |
| | | | | |
| | | | | |
| | *Adjusted to reflect all prior rate of | hanges. | _ | |
| | **Change in Company's premium level which will result from application of new rates | | | |

Wausau General Insurance Company Name of Company Deborah Fleming- Product Technician II Official - Title

Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2015 .

| | (1) | (2)
Annual Premium
Volume (Illinois) * | (3) Percent Change (+or-) ** | | |
|-------|--|--|------------------------------|--|--|
| 1. | Coverage Automobile Liability Private | Voidine (illinois) | Change (+or-) | | |
| ١. | Passenger | | | | |
| | Commercial | | | | |
| 2. | Automobile Physical Damage | | | | |
| ۷. | - | | | | |
| | Private Passenger
Commercial | | | | |
| _ | - | | | | |
| 3. | Liability Other Than Auto | - | | | |
| 4. | Burglary and Theft | | | | |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | | |
| 8. | Boiler and Machinery | | | | |
| 9. | Fire | | | | |
| | Extended Coverage | | | | |
| - • - | Inland Marine | | | | |
| | Homeowners | | | | |
| | Commercial Multi-Peril | · | | | |
| | Crop Hail | 010.155.505 | 0.004 | | |
| 15. | Other Worker Compensation | \$12,155,585 | -6.2% | | |
| | Line of Insurance | | | | |
| | Does filing only apply to certain to Classes? If so, specify: No | erritory (territories) or certai | n | | |
| | | | | | |
| | Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adopting NCCI 1/1/15 loss costs and increasing LCM | | | | |
| | | | | | |
| | | | | | |
| | *Adjusted to reflect all prior rate a | hanaoc | | | |

Name of Company

Deborah Fleming- Product Technician II

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium | r rate level produced by rate revis | sion |
|-----------------------------|-------------------------------------|------|
| effective 02/01/2015 | | |

| - | (1)
Coverage | (2)
Annual Premium
Volume (Illinois) * | (3) Percent Change (+or-) ** |
|------------|--|--|-----------------------------------|
| 1. | Automobile Liability Private | Voiding (minoro) | |
| ٠. | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| ŀ. | Burglary and Theft | | |
| . | Glass | | |
| 3. | Fidelity | | |
| ' . | Surety | | |
| . | Boiler and Machinery | | |
| ١. | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other Workers' Compensation | 3,929,575 | -6.2% |
| | Life of Insurance | | |
| • | Does filing only apply to certa Classes? If so, specify: N/A | in territory (territories) or | certain |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisory |
| | Organization, specify | | , |
| | organization): | Adoption of NCCI rate ref | erenced in IL-2014-06 on 2/1/2015 |
| | | | |
| | | | |
| | *Adjusted to reflect all prior ra
**Change in Company's premates. | | lt from application of new |
| | | Wesco Insurance | Company |
| | | Na | me of Company |
| | | | es Shoenfelt. ACAS |

SUMMARY SHEET

| | (1) | | |
|-------|---|--|-------------------|
| | (1) | | |
| | (-, | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | <u> </u> |
| | Private Passenger | | <u>.</u> |
| | Commercial | | |
| 3. | Liability Other Than Auto | <u> </u> | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Suraty | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | <u> </u> |
| 14. | Crop Hail | | |
| 15. | Other <u>Workers Compensation</u> Line of Insurance | 33,422,684 | -5.4% |
| | | | |
| Does | filing only apply to certain territory (territ | ories) or certain classes? If so, specify: | |
| No | | | |
| | | | |
| | | | |
| Brief | description of filing. (If filing follows rates | s of an advisory organization, specify organ | nization): |

February 1, 2015 adoption of 2015 Illinois Workers Compensation rates from NCCI approved by Illinois Department of Insurance

West Bend Mutual Insurance Company Name of Company

Stephen J. Mueller, CPCU - Product Development Specialist
Official - Title

H29219D

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 03/1/2015.

| (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or –)** |
|---|---|---------------------------------------|
| 1. Automobile Liability | 10.20 (| enange (* e.) |
| Private Passenger | | · |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| 3. Liability Other than Auto | | |
| | | |
| 4. Burglary and Theft | | |
| 5. Glass | - | · · · · · · · · · · · · · · · · · · · |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Workers Compensation | \$ 0 | -6.7% |
| 16. Other | | |
| Line of Insurance | | · · · · · · · · · · · · · · · · · · · |
| Does filing only apply to certain territory (territories) or cert Brief description of filing (if filing follows rates of an advisor (Adopt 1/1/15 Advisory Rates) | | |
| | | |
| | | |

WESTCHESTER FIRE INSURANCE CO. Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.